2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jan 29, 2002 8:00 am DOCUMENT # 711158 **Secretary of State** 01-29-2002 90052 014 ****61.25 SOUTH SIDE CHRISTIAN CHURCH OF FORT MYERS, FLORI Principal Place of Business Mailing Address 7800 COLLEGE PKWY 7800 COLLEGE PKWY DUULLAUOO FORT MYERS FL 33907 FORT MYERS FL 33907 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-2131651 Not Applicable Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COLIN BROWN DONALD Street Address (P.O. Box Number is Not Acceptable) ADAMS, MIKE 9189 HAMLIO DRIVE EAST FORT MYERS FL 33912 City Zip Code 33904 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. SD TITLE □ Delete TITLE ☐ Change ☐ Addition ADAMS, MIKE NAME NAME STREET ADDRESS 9189 HAMLIN DRIVE EAST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL ☐ Addition TITLE DD ☐ Delete TITLE ☐ Change SPEARMAN, TOM NAME NAME STREET ADDRESS STREET ADDRESS 8542 S. LAKE CIR CITY-ST-ZIP CITY-ST-ZIP FORT MEYERS FL 33908 TITLE ☐ Delete TITLE ☐ Change ☐ Addition LAFOUNTAINE, CHUCK NAME NAME STREET ADDRESS 9200 BAYBERRY BEND #203 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33908 TITLE ☐ Delete TITLE Change Addition REID, JIM NAME NAME STREET ADDRESS STREET ADDRESS 1579 REYNARD DRIVE CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33919 TITLE ΤE ☐ Delete TITLE ☐ Addition TERRIACO, GENE NAME terriaco, lene- NAME STREET ADDRESS STREET ADDRESS 1526 REYNARD DRIVE CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33919 ☐ Delete TITLE ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED